

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		10/533,387-Conf. #5182	
		Filing Date	
		July 20, 2005	
		First Named Inventor	
		Hans-Erik Hjelmoth	
		Examiner Name	
		A. Eoff	
		Art Unit	
		1795	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	
(\$)		04305/0202820-US0	

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>04-0100</u>		Deposit Account Name: <u>Darby & Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES						
Fee Description	Fee (\$)	Small Entity	Fee (\$)			
Each claim over 20 (including Reissues)	50	25	_____			
Each independent claim over 3 (including Reissues)	210	105	_____			
Multiple dependent claims	370	185	_____			
<table style="width: 100%;"> <tr> <td style="width: 30%;"> Total Claims <u>50</u> - <u>51</u> = <u>0</u> x <u>50.00</u> = <u>0.00</u> </td> <td style="width: 30%;"> Fee Paid (\$) <u>0.00</u> </td> <td style="width: 30%;"> Multiple Dependent Claims Fee (\$) Fee Paid (\$) </td> </tr> </table>				Total Claims <u>50</u> - <u>51</u> = <u>0</u> x <u>50.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>	Multiple Dependent Claims Fee (\$) Fee Paid (\$)
Total Claims <u>50</u> - <u>51</u> = <u>0</u> x <u>50.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>	Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
<table style="width: 100%;"> <tr> <td style="width: 30%;"> Indep. Claims <u>3</u> - <u>3</u> = <u>0</u> x <u>210.00</u> = <u>0.00</u> </td> <td style="width: 30%;"> Fee Paid (\$) <u>0.00</u> </td> <td></td> </tr> </table>				Indep. Claims <u>3</u> - <u>3</u> = <u>0</u> x <u>210.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>	
Indep. Claims <u>3</u> - <u>3</u> = <u>0</u> x <u>210.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>					
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets <u> </u>	Extra Sheets <u> </u>	Number of each additional 50 or fraction thereof <u> </u>	Fee (\$) <u> </u>
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		Fee Paid (\$) <u> </u>	
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)		1801 Request for continued examination (RCE)	
Other (e.g., late filing surcharge):		1251 Extension for response within first month	
		810.00 120.00	

SUBMITTED BY			
Signature:	Registration No. (Attorney/Agent)	61,126	Telephone: (212) 527-7700
Name (Print/Type): David J. Austin	Date: April 15, 2008		